

CCHS Summer Experience Physical Examination

****A copy of the student's annual physical is sufficient to fulfill this requirement.****

NAME: _____ SCHOOL: CATHOLIC CENTRAL HIGH SCHOOL

Date of Birth: _____ Grade: _____ Weight: _____ Height: _____

***Is there a history of:**

<u>Heart Disease:</u>	<u>Dislocations:</u>	Lung Disease _____
Congenital _____	Knee _____	Kidney Disease _____
Acquired _____	Other joints _____	Hernia _____
		Blood dyscrasia (bleeder) _____
<u>Allergy:</u>	<u>Fractures:</u>	Fainting/ _____
Antibiotics _____	Complicated _____	Convulsions _____
Pollen _____	Uncomplicated _____	Epilepsy _____
Drugs _____		
Asthma _____	Operations _____	Medications _____
	Hospitalizations _____	Injuries _____

Name of Camp: _____
Date of Camp: _____

***Physical Examination (N=Normal) (P=Pathology)**

Tetanus diphtheria pertussis (date) _____	Scoliosis _____
Heart _____	Blood Pressure-systolic _____
Eyes R _____ L _____	-diastolic _____
Ears R _____ L _____	Heart Rate _____
Lungs _____	Hernia _____
Genital _____	Orthopedic _____
Skin _____	Extremities _____
Lymph nodes _____	Abnormalities _____
Tanner stage I II III IV V (circle one)	Abdomen _____

Indicate any known congenital defects _____

Dental: List any dental abnormalities _____

IF SUSPECTED PATHOLOGY EXISTS, FURTHER CONSULTATION AND WORK-UP REQUIRED.

The above examination shows satisfactory condition to engage in the desired camp:

Signature of Private Physician/date